

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>B087117</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/28/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>CATHOLIC CHARITIES ADULT DAY SERVICES</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5920 W CENTRAL STREET WICHITA, KS 67212</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS  The following citation represents the findings of a resurvey with investigation of complaint #101466 at the above adult day care facility on 6/27/16 and 6/28/16.	S 000		
S2280 SS=E	26-43-102 (d) Staff Qualifications Employee Records  d) The employee records and agency staff records shall contain the following documentation: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult care home; and(4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to work.  This REQUIREMENT is not met as evidenced by: KAR 26-43-102(d)(2)  The facility reported a census of 20 clients. The sample included 3 clients. Based on record review and interview for 3 of 4 certified employee records reviewed, the operator failed to ensure	S2280		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S2280	<p>Continued From page 1</p> <p>each employee's record contained supporting documentation for criminal background checks of facility staff and contract staff pursuant to K.S.A. 39-970 and amendments thereto.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- Review of 4 certified employee records on 6/28/16 revealed the following:</li> </ul> <p>Certified nursing assistant A hired 7/28/14 contained a criminal background check from the department dated 8/14/14.</p> <p>Certified medication aide B hired 4/5/16 lacked a criminal background check from the department.</p> <p>Certified nursing assistant C hired 3/17/16 lacked a criminal background check from the department.</p> <p>Certified nursing assistant hired 10/1/15 lacked a criminal background check from the department.</p> <p>At 9:45 a.m. on 6/28/16, operator confirmed criminal background checks were not requested from the department.</p> <p>The operator failed to ensure each employee's record contained supporting documentation for criminal background checks of facility staff and contract staff pursuant to K.S.A. 39-970 and amendments thereto.</p>	S2280		